

Surgical Extractions

Opportunities to find deeper powers within ourselves come when life seems most challenging. Joseph Campbell

Surgical Tooth Removal

Do NOT take Oral Vitamin C on the day of the procedure as it may prevent the Local Anaesthetic having its normal numbing effect

Background

Most people consider that a tooth extraction is a fairly simple, day-to-day experience, even though the reality is often terrifying. Most will consider that when the tooth is out, the problems will be over. Most people want to have the procedure done firstly without pain and secondly as quickly as possible. "Get it over and done with". Sadly this attitude is largely due to the pathetic training that dentists receive at dental schools around the world.

Most dental schools teach dentists that the best way to remove a tooth is with a set of forceps - in other words yank it out of the jaw. This mentality dates back to when barbers were the tooth pullers of the village. It is a barbaric practice which aside from removing the tooth, may do severe damage to the supporting bone. Our art is full of images of public extractions.

It is far better to take a surgical approach which although it sounds hard, can be a far gentler way of removing the tooth, and also allows the periodontal ligament and the infected bone to be removed. This sets the stage for minimum post operative pain and complications.

Extractions should be as peaceful as having a shave



The most common complication following extraction is a 'dry socket' - ie the blood clot either did not form properly or washed out. The bone becomes exposed and infected and very painful. Usually the patient is blamed as the cause and told that they must have rinsed the socket too violently. This may sometimes happen but is not the only cause. Dentistry does not like to take responsibility for being the cause of such events. If a tooth is removed forcefully, there will be compression of the bone. Compressed bone dies. The official name is Compression Necrosis. Dead bone cannot heal.

This will also cause a great deal of post operative pain straight after the extraction. Another major cause of dry sockets comes from root filled teeth. (dead teeth with root therapies). Most of the root filling cements are cytotoxic. They kill cells. These materials leak from the tooth continuously. The first tissues they effect are of course the periodontal ligament (the membrane attaching the tooth to the bone) and the bone itself. Such dead bone cannot heal. Some root filling cements release formaldehyde, which is used to 'mummify' tissue. It leaks from the tooth and mummifies the surrounding bone. It is a recipe for poor healing if this dead tissue is left in the socket. [\(see the MSDS's for root filling cements to find out what they release\)](#)

I have found over many years that by removing teeth surgically and as gently as possible, that my dry socket rate dropped dramatically.

Although a dry socket can be very painful it is usually relatively easy to treat. If you have pain 48 hours after the extraction, you should notify your dentist immediately. In some cases it may be necessary to prescribe antibiotics.

Post operative pain can be dramatically minimized by a gentle surgical approach. Rarely do patients need anything more than a mild pain relieving drug for the first day only.

Post operative bleeding is a very rare occurrence if the socket is cleaned properly. Many toxins from the anaerobic bacteria interfere with blood clotting which may affect the socket and also the person generally. Many people bruise easily without any underlying medical diagnosis. Often this will also resolve if the socket is cleaned properly. 'Bleeders' may not really be 'bleeders' once the infection is removed and the body allowed to heal. I have personally witnessed this on many occasions. As a practitioner it is common to see lots of bleeding at the time of the extraction. Once the abscess and affected bone are cleaned out though, the bleeding recedes to a gently filling of the socket.

Many dentists claim that it may be too dangerous to do what I am suggesting as the roots of the tooth may be too close to the sinus. This again conforms to the teaching. The reality is that the ends of the roots of most upper premolars and molars are in or close to the sinus. Most of the time when such a tooth is extracted there will be a risk of perforation of the sinus. The only difference is that everyone pretends that it doesn't happen. Almost always such perforations heal uneventfully, when the dentist sees the perforation and warns the patient not to blow there noses too hard. This warning should be routine for all upper back teeth.

What is not discussed is that many times the infection from the tooth will drain to the sinus, and also that

overfilling of these teeth results in perforating the sinus floor. This is common amongst the specialist endodontists.

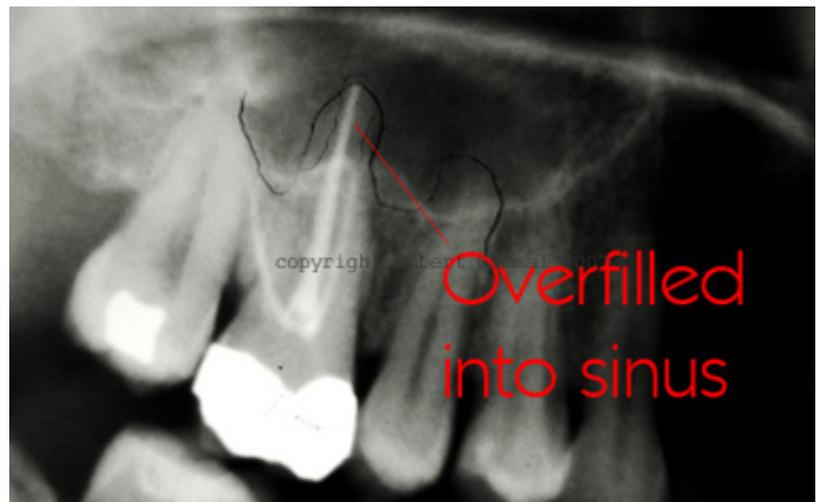
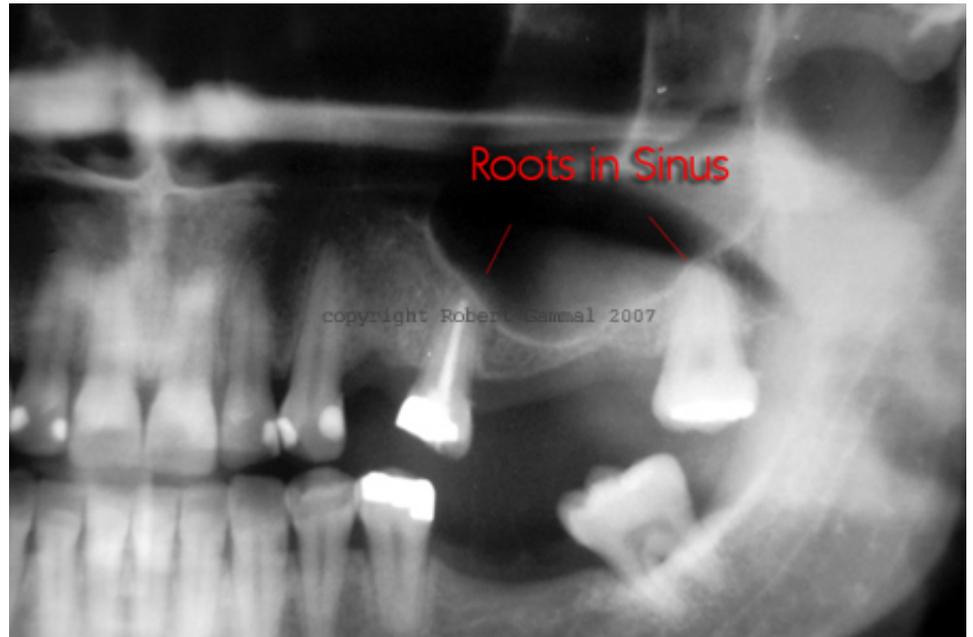
Be Informed

Every surgical operation is attended by risks. Where a tooth is surgically removed there is a risk of nerve injury during the procedure which may result in temporary or permanent numbness, or loss of, or change in sensation in some teeth, part of the tongue, gum, lower lip and/or the skin overlying the chin. This warning is relevant almost exclusively to extraction of impacted lower wisdom teeth. Acupuncture may help to repair the damage.

Recent scientific evidence suggests

- 1. that surgical trauma to the local nerves occurs in 1% - 5% of all cases*
- 2. that when this surgical complication does arise, its effects are almost always temporary; indeed, permanent effects are rare*
- 3. that of those patients who do experience loss of, or changes in sensation, over 75% recover normal sensation within 3 months, 88% within 6 months and most of the remaining 12% within 2 years*
- 4. a very small number of patients, (approximately 3 in 1,000), either do not recover normal sensation even after long periods, or experience persistent altered sensations such as tingling or burning*

There are other possible complications which include, but are not limited to, swelling, infection, bleeding, inflammation, pain, delayed healing, limited jaw opening, damage to other teeth or the maxillary sinus and allergic or adverse reactions to the anaesthetics or medications. Almost all of these are temporary.



What To Do After Having A Tooth Surgically Removed

A. Going home

1. *It is best to have someone take you home. Dr Huggins recommends complete rest for 4 hours immediately after the extraction before going home.*
2. *It is best to rest at home for the remainder of the day and preferably also the next day*
3. *Don't plan to drive or operate any dangerous machinery, as it is possible that your reflexes may be slower than normal*

B. To minimize bleeding and swelling and to promote healing

1. *Maintain biting pressure on the gauze for a few hours. If bleeding persists after this time, roll up another gauze pack tightly and repeat. It is common for a slight oozing of blood to persist for 24 hours and always looks worse than it is when mixed with saliva.*
2. *Today, hold a cold compress (ice-pack) against your face for 10 minutes on, 10 minutes off, then 10 minutes on, etc.*
3. *A little Aloe Vera Gel on the gauze and rubbed onto the gum in the following days will promote healing.*
4. *After 12 hours you may gently rinse with warm, salted water to make the wound more comfortable and promote healing. Rinse 3 times per day for the next week – **Be Very Gentle - bathe rather than swish***
5. *You can also use a mouthwash of water with **ONE** drop of Tea Tree Oil or Oil of Myrrh – stir thoroughly to 'mix' the oil and water. - Be Very Gentle*
6. *Next day start Vitamin C supplements*
7. *Take some gentle analgesics before the Local Anaesthetic wears off. This will extend your pain free period.*
8. *Homeopathic Arnica may assist pain control*
9. *Herbal mixtures are available which help to promote bone regeneration and healing*
10. *It is rare to experience severe pain after such a procedure. If this happens call your dentist immediately.*
11. *Acupuncture is also useful to promote healing*
12. *Today, do not smoke or drink alcohol and avoid physical exertion*
13. *Diet - at first eat soft nutritious foods. Avoid hot or hard food and drinks. As soon as possible, commence gentle chewing near the area*
14. *It is common for some discolouration (bruising) to occur on the face. This black and blue mark will usually turn yellow and fade within a few days*
15. *Be sure to call your dentist if you have persistent bright red bleeding or severe or worsening pain or any other problem.*

see also my letter [defending ROOTED](#)